24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 9 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
FREEDOMWORKS FOR AMERICA	C C00499020		
Check if 24-hour report 48-hour report New report Amends report	ort filed on		
Full Name of Payee Arrowhead Graphics, Inc.	Date of Public Distribution/Dissemination		
·	11 02 2014		
Mailing Address 508 Houston St	Amount		
City State Zip Code	1725.17		
Greensboro NC 27401	Transaction ID : SE.64334 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Mooney-Yard Signs Category/ Type 001	11 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support	Office Sought: X House District: 02		
ALEXANDER XAVIER MOONEY Oppose	President Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought 1745.14	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Campaign Marketing Strategies	10 28 2014		
Mailing Address 3240 Wilson Blvd., Ste. 202	Amount		
City State Zip Code	166.65		
Arlington VA 22201	Transaction ID : SE.64320 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Didier-Telemarketing Category/ Type 004	10 28 7 2014		
Name of Federal Candidate Support	Office Sought:		
CLINT DIDIER Oppose	President Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought 65834.50	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
-			
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 1891.82		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	·· •		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Matt Kibbe [Electronically Filed] Date	e 11 03 2014		
Signature			

PAGE OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ FREEDOMWORKS FOR AMERICA C00499020 Check if 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination Campaign Marketing Strategies 2014 10 28 Mailing Address 3240 Wilson Blvd., Ste. 202 Amount State Zip Code 155.09 City VA 22201 Transaction ID: SE.64321 Arlington Date of Disbursement or Obligation Purpose of Expenditure Category/ IE-Newhouse-Telemarketing 004 10 28 2014 Type Name of Federal Candidate X House Office Sought: 04 Support District: DANIEL MILTON NEWHOUSE WA Oppose President Senate State: |X General Disbursement For: Primary Calendar Year-To-Date 65989.59 2014 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Joel Davis 11 02 2014 Mailing Address 200 S. 2nd Ave. Amount City State Zip Code 332.24 Paden City WV Transaction ID: SE.64319 26159 Date of Disbursement or Obligation Purpose of Expenditure Category/ 002 IE-Didier-Travel 2014 11 02 Type Name of Federal Candidate 04 **X** Support Office Sought: X House District: **CLINT DIDIER** WA Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 66671.06 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 487.33 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Matt Kibbe [Electronically Filed] 03 2014 Date Signature

Schedule E)	EXI ENDI	TOTIES		PAGE 3 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA				FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA				C C00499020
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y B Y B Y B Y
Full Name of Payee Dollar Rental				of Public Distribution/Dissemination
Mailing Address 1 Airport Rd.			Amou	11 01 2014 nt
City	State	Zip Code		288.25
	NH	03103		action ID : SE.64303 of Disbursement or Obligation
Purpose of Expenditure IE-Poliquin-Travel		Category/ Type 002		11 01 2014
Name of Federal Candidate		Support	Office Sough	t: X House District: 02
BRUCE L POLIQUIN		Oppose	Preside	ME
Calendar Year-To-Date Per Election for Office Sought	,	56523.42	Disbursemen 2014 O	t For: Primary
Full Name of Payee Freedomworks, Inc.				of Public Distribution/Dissemination
AASTON Address				10 27 2014
Mailing Address 400 N Capitol St., NW Suite 735			Amou	nt
	State	Zip Code		38.82
Washington	DC	20001		ction ID : SE.64322 of Disbursement or Obligation
Purpose of Expenditure IE-Didier-Email/Social Media/Printing		Category/ Type 004	N	10 27 7 2014
Name of Federal Candidate		X Support	Office Sough	t: X House District: 04
CLINT DIDIER		Oppose	Preside	ent Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		65667.85	Disbursemen 2014	t For:
(a) SUBTOTAL of Itemized Independent Expenditures				327.07
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Matt Kibbe	[Electroni	cally Filed] Date	M M /	03 2014
Signature				

Schedule E)	PAGE 4 OF 9 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
FREEDOMWORKS FOR AMERICA	C C00499020		
Check if X 24-hour report 48-hour report New report Amends report f	filed on M M M / D D / Y Y Y Y Y Y		
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination		
Mailing Address 400 N Capitol St., NW	10 28 2014 Amount		
Suite 735			
City State Zip Code Washington DC 20001	87.98 Transaction ID : SE.64323		
Purpose of Expenditure IE-Didier-Email/Social Media/Printing Category/ Type 004	Date of Disbursement or Obligation 10 28 2014		
Name of Federal Candidate Support O	Office Sought: X House District:04		
CLINT DIDIER Oppose	President Senate State: WA		
Odichadi Todi To Dato	oisbursement For: Primary		
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination 10 28 2014		
Mailing Address 400 N Capitol St., NW			
Suite 735	Amount		
City State Zip Code	19.97		
Washington DC 20001	Transaction ID : SE.64326 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Didier-Email/Social Media/Printing Category/ Type 004	10 / 28 / 2014		
	Office Sought: House District: 04		
CLINT DIDIER Oppose	President Senate State: WA		
	Disbursement For: ☐ Primary ☐ General Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	107.95		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Matt Kibbe [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

Schedule E)	PAGE 5 OF 9 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
FREEDOMWORKS FOR AMERICA	C C00499020		
Check if X 24-hour report 48-hour report New report Amends	report filed on		
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination		
Mailing Address 400 N Capitol St., NW	10		
Suite 735			
City State Zip Code Washington DC 20001	19.97 Transaction ID : SE.64332		
Purpose of Expenditure IE-Mooney-Email/Social Media/Printing Category/ Type	Date of Disbursement or Obligation 004 004 004 004 004 004 005 006 007 008 009 009 009 009 009 009		
Name of Federal Candidate Suppo	ort Office Sought: X House District: 02		
ALEXANDER XAVIER MOONEY Oppo	Se President Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary		
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination 10 29 2014		
Mailing Address 400 N Capitol St., NW	Amount		
Suite 735	Amount		
City State Zip Code Washington DC 20001	49.16 Transaction ID : SE.64324		
Purpose of Evpanditure	Date of Disbursement or Obligation		
IE-Didier-Email/Social Media/Printing Category/ Type	004 10 29 2014		
Name of Federal Candidate CLINT DIDIER Candidate			
Oppo			
Calendar Year-To-Date Per Election for Office Sought 66146.70	Disbursement For: Primary General 2014 Gther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	69.13		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	······································		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Matt Kibbe [Electronically Filed]	Date 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	,	FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full) REEDOMWORKS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼		
Γ	KEEDOWWORKS FOR AWERICA	C C00499020		
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file				
\Box	Full Name of Payee	Date of Public Distribution/Dissemination		
	Freedomworks, Inc.	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 400 N Capitol St., NW Suite 735	Amount		
	City State Zip Code	49.16		
	Washington DC 20001	Transaction ID : SE.64325 Date of Disbursement or Obligation		
	Purpose of Expenditure IE-Didier-Email/Social Media/Printing Category/ Type 004	10 / 30 / 2014		
		Sought:		
	CLINT DIDIER Oppose	President Senate State: WA		
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary		
	Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination		
	Mailing Address 400 N Capitol St., NW Suite 735	10 31 2014 Amount		
	City State Zip Code	11.98		
	Washington DC 20001	Transaction ID : SE.64327 Date of Disbursement or Obligation		
	Purpose of Expenditure IE-Didier-Email/Social Media/Printing Category/ Type 004	10 31 / 2014		
		e Sought:		
	CLINT DIDIER Oppose	President Senate State: WA		
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	orsement For: Primary		
	(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Matt Kibbe [Electronically Filed] Date 11	1 03 2014		
	Signature			

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Schedule E)	PAGE 7 OF 9 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼		
FREEDOWWORKS FOR AWERICA	C C00499020		
Check if 24-hour report 48-hour report New report Ar	mends report filed on		
Full Name of Payee Hilton-ME	Date of Public Distribution/Dissemination		
Mailing Address 14 Great Falls Plaza	11 02 2014 Amount		
City State Zip Code	335.89		
Auburn ME 04210	Transaction ID : SE.64304 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Poliquin-Travel Category, Type	M M / D D / Y Y Y Y		
Name of Federal Candidate	Support Office Sought: House District: 02		
BRUCE L POLIQUIN	Oppose President Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought 56859.31	Disbursement For: Primary General 2014 Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Sam Martin	10 27 7 2014		
Mailing Address 4338 1/2 Normal Ave.	Amount		
City State Zip Code	31.87		
Los Angeles CA 90029 Purpose of Expenditure Catagony	Transaction ID : SE.64317 Date of Disbursement or Obligation		
IE-Didier-Video Production Category. Type			
	Support Office Sought: House District: 04		
CLINT DIDIER	Oppose President Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought 65629.	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	······································		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Matt Kibbe [Electronically Filed]	Date 11 03 2014		
Signature			

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			
FREEDOMWORKS FOR AMERICA	C C00499020		
	J 11 15525		
Check if X 24-hour report 48-hour report New report Amends re	eport filed on// Y Y Y Y Y Y		
Full Name of Payee Rock Wood Fired Kitchen	Date of Public Distribution/Dissemination		
TOOK WOOD FIRED KILCHEIT	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 4862 Hildebrand Blvd	Amount		
City State Zip Code	130.98		
Kennewick WA 99337	Transaction ID : SE.64318 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Didier-Travel Category/ Type 0	02 M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support	Office Sought:		
CLINT DIDIER Oppose	President Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought 66326.84	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
US Air	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 400 East Sky Harbor Blvd.	Amount		
City State Zip Code	681.30		
Phoenix AZ 85034	Transaction ID : SE.64305 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Poliquin-Travel Category/ Type 00	M M / D D / Y Y Y Y		
Name of Federal Candidate Support	Office Sought: House District: 02		
BRUCE L POLIQUIN Oppose	ME ME		
Calendar Year-To-Date Per Election for Office Sought 57540.61	Disbursement For: Primary		
•			
(a) SUBTOTAL of Itemized Independent Expenditures	812.28		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	······ >		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	ate 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	<u> </u>	FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Γŀ	REEDOMWORKS FOR AMERICA	C C00499020	
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file			
T	Full Name of Payee Noah Wall	Date of Public Distribution/Dissemination	
		11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 2251 Eisenhower Ave.	Amount	
-	Apt. 615		
	City State Zip Code Alexandria VA 22314	176.13 Transaction ID : SE.64333 Date of Disbursement or Obligation	
	Purpose of Expenditure IE-Mooney-Travel/Mileage Category/ Type 002	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
f	Name of Federal Candidate Support Office	e Sought: X House District: 02	
	ALEXANDER XAVIER MOONEY Oppose	President Senate State: WV	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary	
ľ	Full Name of Payee	Date of Public Distribution/Dissemination	
-	Mailing Address	Amount	
-	City State Zip Code		
-	Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation	
ľ		e Sought: House District: President Senate State:	
		ursement For: Primary General Other (specify) ▶	
((a) SUBTOTAL of Itemized Independent Expenditures	176.13	
((b) SUBTOTAL of Unitemized Independent Expenditures		
((c) TOTAL Independent Expenditures	4300.61	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	Bato	11 03 2014	
	Signature		

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